MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY WATER RESOURCES DIVISION

NOTIFICATION OF INTENT TO TREAT CERTIFICATION OF APPROVAL AUTHORIZING BACTERIAL AUGMENTATION IN SURFACE WATERS

R 323.1097, promulgated pursuant to Part 31, Water Resources Protection, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.

R97-21/001

Instructions: Complete (please print or type), sign, and return this notification to Dennis Bush, Supervisor, Water Toxics Unit, Surface Water Assessment Section, Water Resources Division, EGLE Michigan Department of Environment, Great Lakes, and Energy, Water Resources Division, P.O. Box 30458, Lansing, Michigan, 48909-7958; or e-mail at BushD6@Michigan.gov. All requested information must be provided in order for your application to be processed.

Section I. Applicant Type

Applic	cant Type (check all that apply):			
	A person or entity who owns the property to be treated or who is the bottomland owner of th surface water body.			
	A lake board established under Part 309, Inland Lake Improvements, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended.			
	A state or local government acting under authority of state law.			
	A person who has written authorization to act on behalf of the entity checked above.			
	(If so, please provide site contact information for the property owner below.)			
	Name:			
	Phone:			
Section II. Mailing and Contact Information				
	de the name, address, telephone number, and e-mail address of the person who will sign this cation (See Section IV).			
Name	»:			
Γitle (If applicable):			
Orgar	nization (if applicable):			
	ess:			
	State: Zip Code:			
Email	<u> </u>			
	e:			



Section III: Water Body Type, Location, and Chemical Information

Identify water body(ies) to be treated, location(s), and bacterial product information.				
Water Body Name:				
Water Body Location: County: Township Name:				
Latitude/Longitude: Nearest address:				
If water body is covered by an NPDES permit, please visit this Web site for the process to apply for application of Water Treatment Additives: https://www.michigan.gov/deq/0,4561,7-135-3313 46123 54918-481622,00.html.				
Does water body have an outlet (check one): ☐ Yes ☐ No				
Approximate surface area to be treated: (check one) \square m ² \square ft ² \square acre				
Description of area to be treated:				
Product* to be used:				
Product* manufacturer:				
*The Product(s) <u>MUST</u> appear on the " <u>Acceptable Michigan Bacterial Augmentation Products</u> " list to use this Notification of Intent. Use of products not on the acceptable list must be authorized under a Individual Rule 97 Certification.				
Application Rate:				
Application Method:				
Treatment Frequency:				



Section IV: Certification

I certify that the information provided in this notification is complete, correct, and that the application of bacterial augmentation products will comply with the provisions outlined in the GENERAL RULE 97 CERTIFICATION OF APPROVAL NUMBER R97-21/001 AUTHORIZING BACTERIAL AUGMENTATION IN SURFACE WATERS.

Signature	 Date
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Notification of Intents must be submitted at least 30 days before planned application. Upon acknowledgement that a Notification of Intent has been received, the applicant is authorized to commence bacterial treatment in compliance with Certification R97-20/001. Acknowledgement of receipt of the Notification of Intent can be determined at Michigan.gov/EGLE, then select, "2021 Authorized Bacterial Augmentation Product Applicants," or by contacting Dennis Bush, Supervisor, Water Toxics Unit, Surface Water Assessment Section, Water Resources Division, EGLE, at 517-449-2181 or BushD6@Michigan.gov.

For information or assistance on this publication, please contact the Surface Water Assessment Section, through EGLE Environmental Assistance Center at 800-662-9278. This publication is available in alternative formats upon request.

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This form and its contents are subject to the Freedom of Information Act and may be released to the public.